Chapter 460

(House Bill 1510)

AN ACT concerning

Behavioral Health Administration – Establishment and Duties

FOR the purpose of merging the Alcohol and Drug Abuse Administration and the Mental Hygiene Administration in the Department of Health and Mental Hygiene to establish the Behavioral Health Administration in the Department; establishing the qualifications, responsibilities, powers, and duties of the Director of the Behavioral Health Administration; requiring certain substance use disorder programs and certain mental health programs to be licensed by the Secretary of Health and Mental Hygiene, with certain exceptions; requiring the Secretary to adopt certain regulations; repealing a prohibition on discrimination against an individual for certain reasons for certain services provided by the Alcohol and Drug Abuse Administration; authorizing the Secretary to require a substance use disorder program or a mental health program to be granted certain accreditation as a condition of licensure; repealing the position, powers, and duties of the Director of the Alcohol and Drug Abuse Administration; repealing the position, powers, and duties of the Director of Mental Hygiene; adding and altering certain defined terms; making conforming and stylistic changes; requiring the Secretary of Health and Mental Hygiene to convene a certain stakeholder workgroup to make certain recommendations; requiring the stakeholder workgroup to report certain findings and recommendations to the Governor and General Assembly on or before a certain date; and generally relating to behavioral health care and the Behavioral Health Administration in the Department of Health and Mental Hygiene.

BY repealing and reenacting, with amendments,

Article – Correctional Services
Section 9–603(b)
Annotated Code of Maryland
(2008 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,

Article – Criminal Law
Section 5–502
Annotated Code of Maryland
(2012 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,

Article – Criminal Procedure
Section 6–229(c)
Annotated Code of Maryland
(2008 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
Article – Education
Section 2–303(h)(1), 8–412(a)(7), and 21–305(c)
Annotated Code of Maryland
(2008 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 2–106(a), 2–501(f), 2–601(m), 4–307(a)(3) and (4), 5–703(a)(12), 5–803,
5–804(f)(1), 5–805(a)(1), 5–808(b)(1), 7–403(d), and 7–802; 8–101(b),
8–402, 8–403, 8–404, 8–503, and 8–702 to be under the amended title
“Title 8. Substance Use Disorders Law”; 10–101(b) and (d) and 10–901 to
be under the amended title “Title 10. Mental Health Law”; and
19–2301(d)
Annotated Code of Maryland
(2009 Replacement Volume and 2013 Supplement)

BY adding to
Article – Health – General
Section 7.5–101 through 7.5–204, to be under the new title “Title 7.5.
Behavioral Health Administration”; and 8–101(m)
Annotated Code of Maryland
(2009 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 20–101(b) and 20–202(a)
Annotated Code of Maryland
(2009 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
Article – Human Services
Section 5–314(h) and 8–406(a)
Annotated Code of Maryland
(2007 Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
Article – Public Safety
Section 1–401(b)(7)
Annotated Code of Maryland
(2011 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
BY repealing and reenacting, with amendments,
  Article – State Government
  Section 9–2802(a)(2) and 9–2806
  Annotated Code of Maryland
  (2009 Replacement Volume and 2013 Supplement)

BY repealing and reenacting, with amendments,
  Article – Transportation
  Section 16–212(f)(1) and 16–212.1(a)
  Annotated Code of Maryland
  (2012 Replacement Volume and 2013 Supplement)

BY repealing
  Article – Health – General
  Section 8–201 through 8–204, 8–405, and 10–201 through 10–204
  Annotated Code of Maryland
  (2009 Replacement Volume and 2013 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

  Article – Correctional Services

9–603.

  (b) The procedures and standards used to determine drug addiction and treatment of addicted inmates are subject to the guidelines and regulations adopted by the [Alcohol and Drug Abuse Administration in the] Department of Health and Mental Hygiene.

  Article – Criminal Law

5–502.

An authorized provider may not dispense methadone, directly or by prescription, unless:

  (1) the authorized provider is associated with a controlled drug therapy program authorized by the [Alcohol and Drug Abuse Administration of the] Department; or
(2) an emergency or medical situation exists under regulations that the Department adopts in cooperation with the Medical and Chirurgical Faculty of Maryland.

Article – Criminal Procedure

6–229.

(c) (1) The State’s Attorney, on request of the defendant or on the State’s Attorney’s own motion, may make an offer to a defendant that if the defendant qualifies for drug or alcohol treatment the State’s Attorney shall dismiss the charge by entering a nolle prosequi with the requirement of drug or alcohol treatment or move that the court indefinitely postpone trial of the charge by marking the charge stet with the requirement of drug or alcohol abuse treatment on the docket.

(2) In order to qualify for a nolle prosequi with the requirement of drug or alcohol treatment or a stet with the requirement of drug or alcohol abuse treatment, a defendant shall be evaluated for drug or alcohol abuse by the Department of Health and Mental Hygiene, a designee of the Department, or a private provider LICENSED TO PROVIDE SUBSTANCE USE DISORDER TREATMENT under regulations of the DEPARTMENT OF HEALTH AND MENTAL HYGIENE and the evaluation shall determine whether the defendant is amenable to treatment and, if so, recommend an appropriate treatment program.

(3) The drug or alcohol treatment program shall be approved under regulations of the DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

(4) If a defendant qualified under this section accepts an offer described in paragraph (1) of this subsection:

(i) the defendant shall sign a consent to the disclosure of such treatment information as may be necessary to allow the disclosure of the disposition of nolle prosequi with the requirement of drug or alcohol treatment or stet with the requirement of drug or alcohol abuse treatment to criminal justice units; and

(ii) on successful completion of drug or alcohol treatment, the State’s Attorney shall dismiss the charge by entering a nolle prosequi with the requirement of drug or alcohol treatment or move that the court indefinitely postpone trial of the charge by marking the charge stet with the requirement of drug or alcohol abuse treatment on the docket.

Article – Education

2–303.
(h) (1) If the program is based on and complies with the standards established by the bylaws, rules, and regulations of the State Board, the State Superintendent shall approve any program of instruction offered by a State institution under the supervision of:

(i) The Department of Juvenile Services;

(ii) The Developmental Disabilities Administration or [Mental Hygiene Administration of] THE BEHAVIORAL HEALTH ADMINISTRATION OF the Department of Health and Mental Hygiene;

(iii) The Department of Public Safety and Correctional Services; or

(iv) The residential school located within the Institute of Psychiatry and Human Behavior of the University Hospital.

8–412.

(a) (7) “Public agency” includes the State Department of Education, local education agencies, and other agencies that are responsible for providing education to a child with a disability, including the Department of Health and Mental Hygiene, [Mental Hygiene Administration] THE BEHAVIORAL HEALTH ADMINISTRATION, the Developmental Disabilities Administration, the Department of Juvenile Services, and the Maryland School for the Deaf. For the purpose of this section the Maryland School for the Blind shall be considered a public agency.

21–305.

(c) (1) Each county board shall transmit to the Department information relating to the postsecondary anticipated services of the county’s transitioning students. The information shall be reported in the manner required by the Department.

(2) The Department shall aggregate the information provided under paragraph (1) of this subsection and forward the information annually to:

(i) The [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION of the Department of Health and Mental Hygiene;

(ii) The Developmental Disabilities Administration of the Department of Health and Mental Hygiene; and

(iii) Other appropriate State adult services agencies, as determined by the Department.
(3) The information under this section shall include, for each transitioning student:

(i) The student’s current age;

(ii) The projected year of exit of the student from school;

(iii) Anticipated needs of the student;

(iv) The student’s county of residence; and

(v) Any other information that the Department considers appropriate.

**Article – Health – General**

2–106.

(a) The following units are in the Department:

(1) [Alcohol and Drug Abuse Administration.

(2)] Anatomy Board.

(2) **BEHAVIORAL HEALTH ADMINISTRATION.**

(3) Developmental Disabilities Administration.

(4) Health Services Cost Review Commission.

(5) Maryland Psychiatric Research Center.

(6) [Mental Hygiene Administration.

(7)] Postmortem Examiners Commission.

[(8) (7)] Board of Examiners for Audiologists.

[(9) (8)] Board of Chiropractic Examiners.

[(10) (9)] Board of Dental Examiners.

[(11) (10)] Board of Dietetic Practice.
Board of Electrologists.

Board of Morticians.

Board of Nursing.

Board of Examiners of Nursing Home Administrators.

Board of Occupational Therapy Practice.

Board of Examiners in Optometry.

Board of Pharmacy.

Board of Physical Therapy Examiners.

Board of Physicians.

Board of Podiatry Examiners.

Board of Professional Counselors and Therapists.

Board of Examiners of Psychologists.

Board of Social Work Examiners.

Board of Examiners for Speech–Language Pathologists.

Commission on Physical Fitness.

Advisory Council on Infant Mortality.

“Program” means the Medical Assistance Program, the Cigarette Restitution Fund Program, [the Mental Hygiene Administration,] the Developmental Disabilities Administration, the [Alcohol and Drug Abuse Administration, the Family Health Administration, the Community Health Administration] BEHAVIORAL HEALTH ADMINISTRATION, THE PREVENTION AND HEALTH PROMOTION ADMINISTRATION, or any other unit of the Department that pays a provider for a service rendered or claimed to have been rendered to a recipient.
(m) “State health program” means the Medical Assistance Program, the Cigarette Restitution Fund Program, [the Mental Hygiene Administration,] the Developmental Disabilities Administration, the [Alcohol and Drug Abuse Administration, the Family Health Administration, the Infectious Disease and Environmental Health Administration] BEHAVIORAL HEALTH ADMINISTRATION, THE PREVENTION AND HEALTH PROMOTION ADMINISTRATION, or any other unit of the Department that pays a provider for a service rendered or claimed to have been rendered to a recipient.

4–307.

(a) (3) “Core service agency” means an organization approved by the [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION to manage mental health resources and services in a designated area or to a designated target population.

(4) “Director” means the Director of the [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION or the designee of the Director.

5–703.

(a) The State Team shall be a multidisciplinary and multiagency review team, composed of at least 25 members, including:

(12) The Director of the [Alcohol and Drug Abuse Administration] BEHAVIORAL HEALTH ADMINISTRATION of the Department;

5–803.

The Committee shall:

(1) Evaluate causes or factors contributing to deaths in facilities or programs [operated]:

(I) OPERATED or licensed by the [Mental Hygiene Administration and the] Developmental Disabilities Administration [or operating];

(II) LICENSED BY THE BEHAVIORAL HEALTH ADMINISTRATION TO PROVIDE MENTAL HEALTH SERVICES; OR

(III) OPERATING by waiver under § 7–903(b) of this article;
(2) Review aggregate incident data regarding facilities or programs that are licensed or operated by the Developmental Disabilities Administration or operating by waiver under § 7–903(b) of this article;

(3) Identify patterns and systemic problems and ensure consistency in the review process; and

(4) Make recommendations to the Secretary and the Secretary of Disabilities to prevent avoidable injuries and avoidable deaths and improve quality of care.

5–804.

(f) (1) An employee of the Developmental Disabilities Administration or the [Mental Hygiene Administration] Behavioral Health Administration may not be a member of the Committee or any subcommittee of the Committee.

5–805.

(a) (1) Except as provided in paragraph (3) of this subsection, the Office of Health Care Quality shall review each death of an individual with developmental disabilities or with a mental illness who, at the time of death, resided in or was receiving services from any program or facility licensed or operated by the Developmental Disabilities Administration or operating by waiver under § 7–903(b) of this article, or any program approved, licensed, or operated by the [Mental Hygiene Administration] Department under § 10–406, § 10–901, or § 10–902 of this article.

5–808.

(b) (1) In addition to the public report issued under subsection (a) of this section, the Committee or its subcommittee may at any time issue preliminary findings or make preliminary recommendations to the Secretary, the Secretary of Disabilities, the Director of the Developmental Disabilities Administration, the Director of the [Mental Hygiene Administration] Behavioral Health Administration, or to the Director of the Office of Health Care Quality.

7–403.

(d) If the Secretary determines, based on the application, that the individual has a sole diagnosis of mental disorder, the Secretary shall refer the individual to the [Mental Hygiene Administration] Behavioral Health Administration.

7–802.

(a) The Developmental Disabilities Administration may ask the [Mental Hygiene Administration] Behavioral Health Administration to accept
primary responsibility for an individual in or eligible for admission to a State residential center, if the Developmental Disabilities Administration finds that the individual would be provided for more appropriately in a program for individuals with mental disorders.

(b) The Behavioral Health Administration shall determine whether transfer to a mental health program is appropriate.

(c) A dispute over a transfer of an individual from the Developmental Disabilities Administration to the Behavioral Health Administration shall be resolved, in accordance with procedures that the Secretary sets, on request of the Developmental Disabilities Administration or the Mental Hygiene Administration.

(d) The Director shall give the individual with developmental disability the opportunity for a hearing on the proposed transfer under this section.

TITLE 7.5. BEHAVIORAL HEALTH ADMINISTRATION.

SUBTITLE 1. DEFINITIONS; GENERAL PROVISIONS.

7.5–101.

(A) In this title the following words have the meanings indicated.

(B) “Administration” means the Behavioral Health Administration.

(C) “Behavioral health” includes substance use disorders, addictive disorders, and mental disorders.

(D) “Behavioral health care” includes prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services, for individuals with substance use disorders, addictive disorders, mental disorders, or a combination of these disorders.

(E) “Director” means the Director of the Administration.

7.5–102.
IT IS THE POLICY OF THE STATE TO ENCOURAGE THE INTEGRATION OF BEHAVIORAL HEALTH CARE BY MERGING THE ALCOHOL AND DRUG ABUSE ADMINISTRATION WITH THE MENTAL HEALTH HYGIENE ADMINISTRATION, AND MANAGING ALL MEDICAID FUNDED SERVICES UNDER ONE ADMINISTRATIVE SERVICES ORGANIZATION.

SUBTITLE 2. BEHAVIORAL HEALTH ADMINISTRATION.

7.5–201.

THERE IS A BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT.

7.5–202.

(a) The head of the administration is the Director and shall be appointed by the Secretary.

(b) The Director serves at the pleasure of the Secretary.

(c) The Director shall:

(1) Have at least:

(i) A BACCALAUREATE DEGREE; AND

(ii) Experience in health administration; AND

(2) Be knowledgeable about the functions and programs of the administration.

(d) The Director is entitled to the salary provided in the State budget.

7.5–203.

(a) (1) The Director exercises the powers, duties, and responsibilities of office subject to the authority of the Secretary.

(2) The Director shall report to the Deputy Secretary for Behavioral Health and Disabilities.
(B) **The Secretary may exercise any power or perform any duty of the Administration.**

7.5–204.

(A) **The Director is responsible for carrying out the powers, duties, and responsibilities of the Administration.**

(B) **In addition to the powers set forth elsewhere in this title, the Director may:**

1. **Within the amounts made available by appropriation, gift, or grant, make any agreement or joint financial arrangement to do or have done anything necessary, desirable, or proper to carry out the purposes of this title;**

2. **Organize and manage the Administration in a manner that will enable it best to discharge the duties of the Administration;**

3. **Appoint the number of assistant directors and staff provided for in the State budget;**

4. **Remove an assistant director for incompetence or misconduct; and**

5. **Unless expressly provided otherwise by law, assign to any subordinate unit or individual in the Administration any function that is imposed by law on the Director.**

(C) **In addition to the duties set forth elsewhere in this title, the Director shall:**

1. **Adopt regulations to carry out the provisions of this title, including provisions setting reasonable fees for the issuance and renewal of licensure for those programs licensed to perform medication-assisted treatment; licenses; and**

2. **Do anything necessary or proper to carry out the scope of this title.**

(D) **The Director is responsible for supervising the custody, care, and treatment of individuals who have mental disorders.**
(E) **The Director shall provide facilities for the care and treatment of individuals who have mental disorders.**

(F) (1) **The Director shall establish programs for research and development of care and treatment for individuals who have mental behavioral health disorders.**

(2) **The Director may provide money for a public or nonprofit organization to carry out pilot or demonstration projects regarding individuals who have mental behavioral health disorders.**

Title 8. [Alcohol and Drug Abuse Administration] **Substance Use Disorders Law.**

8–101.

(b) “Administration” means the [Alcohol and Drug Abuse] **Behavioral Health Administration.**

(M) “**Substance use disorder” means alcohol abuse, alcohol dependence, alcohol misuse, drug abuse, drug dependence, drug misuse, or any combination of these.**

8–402.

(a) **The [Administration] Secretary shall:**

(1) Plan and encourage development of, and coordinate the [facilities] **programs and services that offer treatment, care, or rehabilitation for [alcohol and drug abusers] individuals with a substance use disorder;** and

(2) Adopt regulations[:]

    (i) To set] **setting standards for treatment, care, and rehabilitation of [alcohol and drug abusers; and**

    (ii) To ensure that before a facility is certified under this title to provide treatment, care, or rehabilitation of alcohol or drug abusers, an opportunity to comment, concerning whether the facility meets certification requirements, is provided to representatives of the county government and, if in a municipal corporation, the municipal government and to private citizens in the community where the facility is proposed to be located] **individuals with a substance use disorder.**
(b) The [Administration] SECRETARY may establish and operate or identify [facilities] PROGRAMS and services, including evaluation [facilities] SERVICES to determine if [an individual is a drug abuser or alcohol abuser or dependent on drugs or alcohol] AN INDIVIDUAL HAS A SUBSTANCE USE DISORDER.

(c) A facility that the Administration operates or contracts to be operated is a health facility and is not, for any purpose, a correctional institution.

(d) An individual may not be discriminated against based on an inability to pay for any services provided by the Administration either directly or by contract.

(e) To carry out the purposes of this title, the [Administration] SECRETARY may contract with any appropriate public or private agency that has proper and adequate [treatment facilities, services, and staff] SUBSTANCE USE DISORDER PROGRAMS.

(f) (1) The Administration annually shall evaluate all publicly funded substance [abuse] USE DISORDER treatment programs [certified] LICENSED under this subtitle using federal outcomes measures or other subsequently adopted federal standards to determine the extent [that] TO WHICH individuals who have received treatment under these programs have:

   (i) Been successfully retained in the treatment program;

   (ii) Been successfully discharged from the treatment program;

   (iii) Reduced substance use;

   (iv) Successfully attained, maintained, or increased their employment;

   (v) Demonstrated a decrease in engaging in criminal activity;

   and

   (vi) Successfully established or maintained stable living arrangements.

(2) The [Administration] SECRETARY shall adopt regulations necessary to allow [it] THE SECRETARY DIRECTOR to conduct the performance and outcome research required under paragraph (1) of this subsection.

8–403.

[(a)] In this section, “alcohol abuse and drug abuse treatment program”: 

Means any individual or organization that provides treatment, care, or rehabilitation for individuals who show the effects of drug abuse or alcohol abuse, and represents or advertises itself as an alcohol abuse or drug abuse treatment program; and

Includes a program or facility that is owned or operated by this State or any of its political subdivisions.

(A) (1) IN THIS SECTION, “SUBSTANCE USE DISORDER PROGRAM” MEANS A SET OF SERVICES THAT ARE COMMUNITY BASED AND CONSIST OF:

(i) Any combination of treatment, care, or rehabilitation for individuals with a substance use disorder; or

(ii) Education for individuals known to be at risk of developing a substance use disorder.

(2) “SUBSTANCE USE DISORDER PROGRAM” INCLUDES A SET OF SERVICES DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION WHEN PROVIDED BY A PROGRAM OR FACILITY OWNED OR OPERATED BY THE STATE OR ANY OF ITS POLITICAL SUBDIVISIONS.

(b) Except as otherwise provided in this section, [an alcohol abuse and drug abuse treatment program] A SUBSTANCE USE DISORDER PROGRAM shall be [certified] LICENSED by the [Department] SECRETARY before program services may be provided in this State.

(c) [This section does not apply to] The following persons need not be licensed. The Secretary may not require that the following persons obtain a license under this section in order to provide substance use disorder services in the State:

(1) A health professional, in either solo or group practice, who is licensed under the Health Occupations Article [who is treating patients within the scope of the professional’s practice and who does not advertise the practice as an alcohol abuse or drug abuse program] AND WHO IS PROVIDING SUBSTANCE USE DISORDER SERVICES ACCORDING TO THE REQUIREMENTS OF THE APPROPRIATE PROFESSIONAL BOARD;

(2) Alcoholics Anonymous, Narcotics Anonymous, [transitional] RECOVERY housing programs, or other similar organizations, if the organization holds meetings or provides support services to help individuals who show the effects of
[drug abuse or alcohol abuse] A SUBSTANCE USE DISORDER AND DOES NOT PROVIDE ANY TYPE OF SUBSTANCE USE DISORDER TREATMENT; [or]

(3) An employees’ assistance program of a business entity; OR

(4) SERVICES PROVIDED IN REGULATED SPACE IN A HOSPITAL, AS DEFINED IN § 19–301 OF THIS ARTICLE, IN AN OUTPATIENT SETTING TO TREAT A SUBSTANCE USE DISORDER IF THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION AN APPROVED ACCREDITATION ORGANIZATION UNDER ITS BEHAVIORAL HEALTH STANDARDS.

[(d) Unless requested, the certification requirements of this section do not apply to a hospital as defined in § 19–301 of this article accredited by the Joint Commission on Accreditation of Hospitals with a separately accredited alcohol and drug abuse program.

(e) An intermediate care facility, alcoholic (type C or D), shall be certified as an intermediate care alcohol abuse and drug abuse treatment facility.] 8–404.

[(a) The Department shall adopt regulations for establishing, operating, and certifying alcohol abuse and drug abuse treatment programs that include:

(1) Procedures for consulting with the Administration to set standards relating to alcohol abuse and drug abuse treatment care and rehabilitation services;

(2) Standards relating to environmental and safety requirements concerning physical plant, equipment, and structure;

(3) Standards relating to programmatic operations of alcohol and drug abuse treatment, care, and rehabilitation services; and

(4) Provisions for denials, suspensions, and revocations of certification.

(b) The Department may adopt regulations for certifying individuals providing alcohol abuse and drug abuse treatment.

(c) An applicant for certification shall submit an application to the Department on the form that the Department requires.

(d) The Department shall issue a certificate to an individual or organization providing alcohol abuse and drug abuse treatment, care, and rehabilitation services that meets the Department’s certification requirements.
(e) Before the Department disapproves an application, the Department shall give the applicant an opportunity for a hearing.]

(A) (1) The Secretary shall adopt regulations for establishing, operating, and licensing a substance use disorder program.

(2) Regulations adopted under this subsection shall include:

(I) the requirements for licensure of a substance use disorder program;

(II) the process for a substance use disorder program to apply for a license;

(III) a description of the substance use disorder programs that are required to be licensed;

(IV) any requirements for the governance of a substance use disorder program, including a provision prohibiting a conflict of interest between the interests of the provider and those of the individuals receiving services;

(V) provisions for announced or unannounced inspections of a substance use disorder program, including inspection and copying of the records of a substance use disorder program in accordance with State and federal law; and

(VI) provisions for denials, suspensions, and revocations of licenses, including notice and an opportunity to be heard.

(B) The Secretary may require a substance use disorder program to be granted accreditation by an accreditation organization approved by the Secretary under Title 19, Subtitle 23 of this article as a condition of licensure under regulations adopted under this section.

[(f) (C) Except as otherwise provided in this subtitle, [an individual or organization] a person may not operate [or], attempt to operate [an alcohol abuse and drug abuse treatment program], or purport to operate a substance use disorder program in the State unless [certified] the program is licensed by the [Department] Secretary.]
An individual or organization who operates an alcohol abuse and drug abuse treatment program in violation of this title is guilty of a misdemeanor.

(a) If, after the police arrest an intoxicated individual for a criminal offense, the individual seems to require emergency medical treatment, the police immediately shall take the individual to a detoxification center or other appropriate health care facility as defined in § 19–114(d) of this article.

(b) (1) If necessary, after medical treatment, the police shall transport the individual to a PROGRAM THAT PROVIDES detoxification [facility] SERVICES.

(2) The individual may be admitted to the [detoxification facility] A PROGRAM THAT PROVIDES DETOXIFICATION SERVICES in accordance with the provisions of § 8–501(d) of this subtitle.

(a) [An individual or organization may not operate an alcohol abuse and drug abuse treatment] A PERSON MAY NOT OPERATE A SUBSTANCE USE DISORDER program in violation of this title.

(b) A person who violates any provision of this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $10,000.

Title 10. Mental [Hygiene] HEALTH Law.

(b) “Administration” means the [Mental Hygiene] BEHAVIORAL HEALTH Administration.

(d) “Director” means the Director of [Mental Hygiene] THE BEHAVIORAL HEALTH Administration.

[a] (1) The Secretary shall adopt rules and regulations that set standards for:

(i) Eligibility for State funding of local mental health programs under Part I of this subtitle;
(ii) Qualifications of staff and quality of professional services of eligible programs;

(iii) Eligibility for receiving services under eligible programs; and

(iv) Accreditation of a facility as defined in § 10–101(e) of this title.

(2) The Secretary may consider accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF), whichever is appropriate, as meeting the rules and regulations adopted under this subtitle.

(3) The rules and regulations shall ensure:

(i) That an individual is not discriminated against based on an inability to pay for services; and

(ii) That an individual is not discriminated against or denied community–based mental health services based on the individual’s lack of a fixed address or because the individual is homeless.

(4) The rules and regulations shall require that, prior to approval for receipt of State funding under Part I of this subtitle, a nonprofit organization or private community–based organization shall submit the following to the Department:

(i) A written list of the names of the members of the board of directors and corporate officers of the organization;

(ii) A business plan that clearly demonstrates the ability of the organization to provide services in accordance with Maryland regulations and funding requirements;

(iii) A summary of the organization’s demonstrated experience in the field of mental health, in accordance with standards developed by the Department;

(iv) Prior licensing reports issued within the previous 10 years from any in–State or out–of–state entities associated with the organization, including deficiency reports and compliance records on which the State may make reasoned decisions about the qualifications of the organization; and

(v) A written quality assurance plan, approved by the Mental Hygiene Administration, to address how the organization will ensure the health and safety of the individuals served by the organization and the quality of services provided to individuals by the organization.
(5) In order for a nonprofit organization or private community–based organization to be eligible to receive funds under Part I of this subtitle:

(i) An immediate family member of an employee of an organization may not serve as a voting member of the governing body of the organization; and

(ii) A member of the governing body of the organization may not have served as a member of a governing body of an organization that has had a license revoked by the Department within the previous 10 years.

(6) Before determining that a nonprofit organization or private community–based organization is eligible to receive funds under Part I of this subtitle, the Department shall perform an on–site investigation of the organization.]  

(A) IN THIS SECTION, “MENTAL HEALTH PROGRAM” MEANS A SET OF SERVICES THAT CONSISTS OF COMMUNITY–BASED TREATMENT, CARE, OR REHABILITATION SERVICES, OR ANY COMBINATION OF THESE, FOR INDIVIDUALS WITH A MENTAL DISORDER.

(B) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, A MENTAL HEALTH PROGRAM SHALL BE LICENSED BY THE SECRETARY BEFORE PROGRAM SERVICES MAY BE PROVIDED IN THE STATE.

(C) THE FOLLOWING PERSONS NEED NOT BE LICENSED THE SECRETARY MAY NOT REQUIRE THAT THE FOLLOWING PERSONS OBTAIN A LICENSE UNDER THIS SECTION IN ORDER TO PROVIDE MENTAL HEALTH SERVICES IN THE STATE:

(1) A HEALTH PROFESSIONAL, IN EITHER SOLO OR GROUP PRACTICE, WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHO IS PROVIDING MENTAL HEALTH SERVICES ACCORDING TO THE REQUIREMENTS OF THE APPROPRIATE PROFESSIONAL BOARD;

(2) OUTPATIENT MENTAL HEALTH SERVICES THAT ARE PROVIDED IN REGULATED SPACE IN A HOSPITAL, AS DEFINED UNDER § 19–301 OF THIS ARTICLE IF THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION UNDER THE AN APPROVED ACCREDITATION ORGANIZATION UNDER ITS BEHAVIORAL HEALTH STANDARDS OF THE JOINT COMMISSION; OR

(3) A THERAPEUTIC GROUP HOME AS DEFINED UNDER § 10–920 OF THIS SUBTITLE.
(D) (1) **The Secretary shall adopt regulations for:**

   (I) **Establishing, operating, and licensing a mental health program;** and

   (II) **Eligibility for State and federal funding for mental health programs under Part I of this subtitle.**

   (2) **The Secretary may require a mental health program to be granted accreditation by an accreditation organization approved by the Secretary under Title 19, Subtitle 23 of this article as a condition of licenssure under regulations adopted under this subsection.**

   (3) **Regulations adopted under this subsection shall include:**

      (I) **The requirements for licenssure of a mental health program;**

      (II) **The process for a mental health program to apply for a license;**

      (III) **A description of the mental health programs that are required to be licensed;**

      (IV) **Any requirements for the governance of a mental health program, including a provision prohibiting a conflict of interest between the interests of the provider and those of the individuals receiving services;**

      (V) **Provisions for announced or unannounced inspections of a mental health program, including inspection and copying of the records of a mental health program in accordance with State and federal law; and**

      (VI) **Provisions for denials, suspensions, and revocations of licenses, including notice and an opportunity to be heard.**

   [(b)] (E) The Secretary shall:
(1) Through the regional mental health director, provide a county with consultative staff services to help ascertain local needs and plan and establish local mental health programs;

(2) Review and evaluate local programs and personnel practices;

(3) Make recommendations to the governing body, health officer of a county, and the director of the Montgomery County Department of Health and Human Services on the local program and personnel practices; AND

(4) Review and either approve or disapprove the plans and budgets that a county governing body submits for State funding under Part I of this subtitle[; and].

[(5) (F) [Exercise] THE SECRETARY MAY EXERCISE any other power or duty required to carry out Part I of this subtitle.

19–2301.

(d) “Health care facility” means:

(1) A hospital as defined in § 19–301 of this title;

(2) A health maintenance organization as defined in § 19–701(g) of this title;

(3) A freestanding ambulatory care facility as defined in § 19–3B–01 of this title;

(4) An assisted living facility as defined in § 19–1801 of this title;

(5) A laboratory as defined in § 17–201 of this article;

(6) A home health agency as defined in § 19–401 of this title;

(7) A residential treatment center as defined in § 19–301 of this title;

(8) A comprehensive rehabilitation facility as defined in § 19–1201 of this title; [and]

(9) A forensic laboratory as defined in § 17–2A–01 of this article;

(10) A SUBSTANCE USE DISORDER PROGRAM AS DEFINED IN § 8–403 OF THIS ARTICLE; AND
(11) A MENTAL HEALTH PROGRAM AS DEFINED IN § 10–901 OF THIS ARTICLE.

Article – Health Occupations

20–101.

(b) (1) “Agency” means:

(i) The Developmental Disabilities Administration in the Department;

(ii) The Department;

(iii) The Department of Human Resources;

(iv) The Department of Juvenile Services; and

(v) The [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION in the Department.

(2) “Agency” includes the State Superintendent of Schools.

20–202.

(a) (1) The Board consists of 12 members.

(2) Of the 12 Board members:

(i) Six members shall be appointed as follows:

1. Two by the Secretary of Health and Mental Hygiene, one each for the Developmental Disabilities Administration and the [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION;

2. One by the Secretary of Juvenile Services for the agency;

3. One by the Secretary of Human Resources for the agency;

4. One by the State Superintendent of Schools; and

5. One by the Subcabinet; and

(ii) Six shall be appointed by the Governor.
(3) Of the six appointed by the Governor:

(i) Three shall be program administrators;

(ii) One shall be a residential child and youth care practitioner; and

(iii) Two shall be consumer members.

Article – Human Services

5–314.

(h) (1) The local department shall reduce the temporary cash assistance benefits of an adult or minor parent recipient and pay the remainder of the cash benefits to a third party payee or a compliant adult recipient as described in subsection (g) of this section, if:

(i) the recipient fails to complete a substance abuse disorder screening or assessment by an addictions specialist, as required under subsections (b)(2) and (c)(1)(i) of this section; or

(ii) the required screening and assessment or the results of any follow-up diagnostic testing or treatment reveal that the recipient has a substance abuse disorder and the recipient refuses to enroll or maintain enrollment in available and appropriate substance abuse disorder treatment.

(2) The local department shall continue to make temporary cash assistance benefits payments to a third party payee or a compliant adult recipient until the local department receives notice from the addictions specialist that the recipient is actively enrolled, as defined by the [Alcohol and Drug Abuse Administration] Department, in the appropriate substance abuse disorder treatment indicated by the addictions specialist.

8–406.

(a) Each local care team shall include:

(1) at least one representative from:

(i) the Department of Juvenile Services;

(ii) the Developmental Disabilities Administration;
(iii) [the Alcohol and Drug Abuse Administration;]

(iv) the Mental Hygiene Administration or the local core service agency] **THE BEHAVIORAL HEALTH ADMINISTRATION;**

(IV) IF DETERMINED TO BE APPROPRIATE BY THE BEHAVIORAL HEALTH ADMINISTRATION, THE LOCAL CORE SERVICE AGENCY;

(v) the local school system;

(vi) the local health department;

(vii) the local department of social services; and

(viii) the local management board;

(2) a parent, parent advocate, or both, appointed by the chair of the local care team in consultation with the child advocacy community; and

(3) a nonvoting representative of the local office of the division of rehabilitative services to represent individuals who are 16 years old and older.

**Article – Public Safety**

1–401.

(b) The Board consists of the following members:

(7) the [Executive] Director of the [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION of the Department of Health and Mental Hygiene, or the [Executive] Director’s designee;

**Article – State Finance and Procurement**

10–309.

(a) In this section, “State facility” means:

(1) a facility maintained by the [Mental Hygiene Administration] BEHAVIORAL HEALTH ADMINISTRATION of the Department of Health and Mental Hygiene and listed in § 10–406 of the Health – General Article; or

(2) a State residential center for individuals with an intellectual disability in the Developmental Disabilities Administration of the Department of Health and Mental Hygiene.
(b) A cemetery owned by the State and located on the grounds of a State facility may not be sold by the State if the State facility is downsized, consolidated, closed, or sold.

(c) A cemetery owned by the State shall be maintained by the State and marked with a monument commemorating the individuals interred in the cemetery.

(d) Any easement or right of entry to a cemetery owned by the State and located on the grounds of a State facility that has been recorded among the land records of the county where the cemetery is located on or before October 1, 2004 may not be transferred or sold.

(e) Notwithstanding subsections (b) and (d) of this section, a cemetery or an easement or right of entry to a cemetery owned by the State and located on the grounds of a State facility may be sold by the State if the deed for the property includes a restrictive covenant requiring the owner and any future owner to maintain the cemetery as provided under subsection (c) of this section.

Article – State Government

9–2802.

(a) (2) The Council consists of the following nonvoting members:

(i) the Director of the [Alcohol and Drug Abuse Administration of the Department of Health and Mental Hygiene;]

(ii) the Director of Mental Hygiene of the Department of Health and Mental Hygiene] BEHAVIORAL HEALTH ADMINISTRATION;

[iii] a representative of the Department of Public Safety and Correctional Services, designated by the Secretary of Public Safety and Correctional Services;

(iv) a deputy Secretary of the Department of Public Safety and Correctional Services; and

(v) the President of the Maryland Addiction Directors’ Council.

9–2806.

The [Alcohol and Drug Abuse Administration] BEHAVIORAL HEALTH ADMINISTRATION shall provide staff for the Council.
Article – Transportation

16–212.

(f) (1) The Administration may waive attendance at an alcohol education program conducted by the Administration if an individual attends a private alcohol education program or an alcohol education program provided by a political subdivision of the State that is approved by the [Alcohol and Drug Abuse Administration] BEHAVIORAL HEALTH ADMINISTRATION and the Administration.

16–212.1.

(a) The Administration, in cooperation with the [Alcohol and Drug Abuse Administration] BEHAVIORAL HEALTH ADMINISTRATION, shall establish an alcohol and drug education program to educate driver’s license applicants who are subject to the provisions of § 16–105(f)(3) of this title. This program also shall be included as part of the driver education course established under Subtitle 5 of this title.

SECTION 2. AND BE IT FURTHER ENACTED, That Section(s) 8–201 through 8–204, 8–405, and 10–201 through 10–204 of Article – Health – General of the Annotated Code of Maryland be repealed.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Secretary of Health and Mental Hygiene shall convene a stakeholder workgroup to make recommendations on issues related to behavioral health, including statutory and regulatory changes to:

(1) fully integrate mental health and substance use disorder treatment and recovery support; and

(2) promote health services.

(b) The workgroup convened under subsection (a) of this section shall include representatives of the Department of Health and Mental Hygiene, providers, consumers, and advocacy organizations.

(c) On or before December 1, 2014, the Department of Health and Mental Hygiene shall report the findings and recommendations of the workgroup to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly.

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2014.
Approved by the Governor, May 5, 2014.